

## THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Instructions: All adults need to read and sign the acknowledgement on the back of this form.**

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. <u>There are penalties that apply if you knowingly omit information or give false information.</u>	
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"> <li>➤ Evicted from your apartment or house;</li> <li>➤ Required to repay all overpaid rental assistance you received;</li> <li>➤ Fined up to \$10,000;</li> <li>➤ Imprisoned for up to 5 years; and/or</li> <li>➤ Prohibited from receiving future assistance.</li> </ul> <p>Your State and local governments may have other laws and penalties as well.</p>	
<b>Asking Questions</b>	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand, say so. That person can answer your question or find out what the answer is.	
<b>Completing the Application</b>	When you give your answers to application questions, you must include the following information:	
	<b>Income</b>	<ul style="list-style-type: none"> <li>➤ All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.);</li> <li>➤ Any money you receive on behalf of your children (child support, social security for children, etc.);</li> <li>➤ Income from assets (interest from a savings account, credit union, certificate of deposit, dividends from stock, etc.);</li> <li>➤ Earnings from a second job or part-time job;</li> <li>➤ Any anticipated income (such as a bonus or pay raise you expect to receive).</li> </ul>
	<b>Assets</b>	<ul style="list-style-type: none"> <li>➤ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.</li> <li>➤ Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children.</li> </ul>
	<b>Family/ Household Members</b>	The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

<b>Signing the Application</b>	<ul style="list-style-type: none"> <li>➤ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li> <li>➤ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li> <li>➤ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.</li> </ul>
<b>Recertifications</b>	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> <li>➤ All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.</li> <li>➤ Any family/household member who has moved in or out.</li> <li>➤ All assets that you or your family/household members own and any asset that was sold in the last two (2) years for less than its full value.</li> </ul>
<b>Beware of Fraud</b>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> <li>➤ Do not pay any money to file an application.</li> <li>➤ Do not pay any money to move up on the waiting list.</li> <li>➤ Do not pay for anything not covered by your lease.</li> <li>➤ Get a receipt for any money you pay.</li> <li>➤ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).</li> </ul>
<b>Reporting Abuse</b>	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office, or the HUD Hotline at (202) 708-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410. Toll Free Number is: 1-800-347-3735.</p>

***I/We understand and acknowledge the above information on fraud and abuse.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Housing Authority of the  
City of Eau Claire  
203 S. Farwell Street  
PO Box 1186  
Eau Claire, WI 54702-1186

## Application for Housing and Rental Assistance

For Office Use Only:

The Housing Authority has several programs for low-income families within the city limits of Eau Claire. It is important to complete all requested information and sign where indicated so we can accurately determine your eligibility for our programs. **Incomplete applications will not be processed and will be returned at the mailing address provided below for corrections.** Applicants will be placed on the waiting list in accordance with the unit size, declared preference, and date/time of received completed application.

The Housing Division will provide "Reasonable Accommodations" upon request to persons with disabilities / handicaps and other applicants to insure they can participate in the Housing Programs.

### *Please Print Clearly*

***A mailing address is required as we will ONLY contact you by mail at that address.***

Head of Household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address (not required): \_\_\_\_\_

Driver's License No. or State I.D. No.: \_\_\_\_\_ State: \_\_\_\_\_

### *Please Check Only the Programs You Are Interested In.*

- ☐ **HOME Tenant Based Rental Assistance (TBRA) Program:** This program provides rental subsidies to eligible, very low-income families who find privately owned units that are decent, safe, and sanitary. The Housing Authority pays a portion of the rent directly to the landlord. This program may be used to subsidize the rent in a unit currently occupied by the applicant, providing the unit meets program requirements. This is a limited term program (two (2) year maximum).

**Housing Authority Owned Properties:** There are several programs offered amongst the units that we own. Family composition determines the unit size you may be offered. Some of our units are handicapped-accessible. You would be offered the first available unit you qualify for when you reach the top of the waiting list.

- ☐ **Public Housing:** 2, 3, 4, & 5 bedroom units on scattered sites, including duplexes on Sessions Ct, Sunset Dr, and Runway Ave
- ☐ **Park Tower Townhouses:** 2 and 3 bedroom units on a cul-de-sac on Conrad St
- ☐ **Substantial Rehabilitation:** 3 & 4 bedroom, single family units on scattered sites
- ☐ **Park Tower Apartments:** 122 one-bedroom apartments and 1 two-bedroom apartments, some are handicapped units at 901 S. Farwell St
- ☐ **Owen Rust Memorial Apartments:** 23 one-bedroom apartments, including 2 handicapped units at 300 William St

## FEDERAL PREFERENCE

The U.S. Department of Housing and Urban Development has issued regulations, which allow certain applicants for assisted housing to move higher on the waiting list because they qualify for a Federal Preference. Your current place on the waiting list may change because of these regulations. If you wish to declare a Federal Preference, you must have the "Preference Certification" form in this application completed along with third-party verification (to be submitted with the application or at a later date).

**FAMILY COMPOSITION:** *List the head of household and all other household members who will be living with you if/when you receive assistance. If you are pregnant, list 'Pregnant' and due date. If there is a newborn for whom a SS# has not yet been obtained, please write 'Newborn'.*

Last Name*	First Name	M. I.	Relation to Family Head	Birth Place (City & State / Country)	Birth Date	Social Security Number	Age	Sex (M/F)	Student Status (Yes / No)
			HOH						

**\*List other legal name(s) known as (e.g. maiden name, married name, etc.) and/or social security numbers and who they were used by. If none, write none.**

**PLACES OF RESIDENCE:** List all places lived in the last three (3) years (with NO gaps), starting with your current address and/or most recent address first. You must indicate for whom the address applies (which adult(s) in the household). For 3 years: take the current year and subtract 3 and use the current month (i.e. today is 06/01/15, the last three years would be from 06/12 to present.) If you are or have been homeless, write in "homeless" and provide the City and State. If all adults in the household have not lived at all the addresses listed, these addresses must also be provided. (If places lived exceeds spaces provided, check the box indicated below and complete page 24.)

Household Members	Dates (Month/Year)		COMPLETE ADDRESS: Street Address & Apt. # City, State & Zip Code	Landlord's Name / Property Owner's Name, OR Family / Friend Name if not on lease	Relationship to: Landlord / Owner / Agent (Circle One)
Name(s):	To:	Present	Street Address & Apt. #		Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip		
Name(s):	To:		Street Address & Apt. #		Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip		
Name(s):	To:		Street Address & Apt. #		Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip		
Name(s):	To:		Street Address & Apt. #		Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip		
<input type="checkbox"/> Additional Places of Residences(Page 24) Completed					

**CHARACTER REFERENCES:** List three (3) persons who are not related to you that may be used as a character reference. Complete all information. If you have none, write None. Some suggestions include past or present neighbors, co-workers / employers, landlords, personal friends, minister, social workers, etc. Family members should not be listed.

Name	Complete Address Street Address, City, & State	Phone Number
	Street Address	
	City State Zip	
	Street Address	
	City State Zip	
	Street Address	
	City State Zip	

**STATEMENT OF INCOME / ASSET INFORMATION: List all gross income of all household members.** Check all applicable sections.  
Verification of information is not needed when turning in the application. Attach an additional signed sheet if necessary.

Source of Income		Family Member	Employer Name & Address:		Hourly Pay Rate: <u>\$7.50</u> Average Wkly Hrs: <u>25-30</u> Commission, Tips, Etc.: <u>\$80 per week</u>	
*** EXAMPLE *** <input checked="" type="checkbox"/> <b>Wages</b>		<b>John Doe</b>	ABC Corp 100 Main St, Anywhere, WI 12345			
<input type="checkbox"/> <b>Wages</b>	Family Member:		Employer Name & Address:		Hourly Pay Rate: \$	
					Average Wkly Hrs:	
					Commission, Tips, Etc.: \$	per
<input type="checkbox"/> <b>Wages</b>	Family Member:		Employer Name & Address:		Hourly Pay Rate: \$	
					Average Wkly Hrs:	
					Commission, Tips, Etc.: \$	per
<input type="checkbox"/> <b>Wages</b>	Family Member:		Employer Name & Address:		Hourly Pay Rate: \$	
					Average Wkly Hrs:	
					Commission, Tips, Etc.: \$	per
<input type="checkbox"/> <b>Unemployment</b> <input type="checkbox"/> <b>Workman's Comp</b>	Family Member:		End Date:		Eligible benefit: Weekly: \$	
	Family Member:		End Date:		Eligible benefit: Weekly: \$	
<input type="checkbox"/> <b>Child or Spousal Support</b>	Family Member:		Amount: \$			
	Family Member:		Circle One: Weekly Bi-Weekly Monthly Quarterly			
	Family Member:		Amount: \$			
<input type="checkbox"/> <b>W-2 / Public Aid</b>	Family Member:		Circle One: Weekly Bi-Weekly Monthly Quarterly			
	Family Member:		Amount: \$			
	Family Member:		Circle One: Weekly Bi-Weekly Monthly Quarterly			
<input type="checkbox"/> <b>Social Security Benefits</b> (Include SS: SSI, SSD)	Family Member:		Case Worker's Name:		Amount: \$	
	Family Member:		Federal Monies: \$		State Monies: \$	
	Family Member:		Federal Monies: \$		State Monies: \$	
	Family Member:		Federal Monies: \$		State Monies: \$	
	Family Member:		Federal Monies: \$		State Monies: \$	

## STATEMENT OF INCOME CONTINUED

<input type="checkbox"/> <b>Self-Employment</b>	Family Member:	Name of Business:	Estimated Gross Income: \$ Estimated Mo. Business Expenses: \$
<input type="checkbox"/> <b>Other</b> (Pensions, retirement benefits, survivor's benefits, etc.)	Family Member:	Specify Type of Other Income:	Amount: \$ Circle One: Weekly Bi-Weekly Monthly Quarterly
	Family Member:	Specify Type of Other Income:	Amount: \$ Circle One: Weekly Bi-Weekly Monthly Quarterly
	Family Member:	Specify Type of Other Income:	Amount: \$ Circle One: Weekly Bi-Weekly Monthly Quarterly
<input type="checkbox"/> <b>Other</b> (Family & Friends)	Family Member:	<b>Name &amp; Relationship:</b> <i>(Circle Type(s) of Support Below:)</i> Pay Bills (utilities, cell phone, etc.) on your behalf Buy necessities (diapers, shampoo, etc.) Give you cash to pay your bills or buy necessities	Amount: \$      per For: Amount: \$      per For: Amount: \$      per For:
<input type="checkbox"/> <b>Financial Aid</b> (Grants, Loans, Work Study)	Family Member:	List:	Amount:
<input type="checkbox"/> <b>Food Share</b>	Family Member:	Case Worker's Name and/or Team #:  <b>Circle One:</b> Eau Claire County      Chippewa County	Amount:
<input type="checkbox"/> <b>No Income in Household at this time.</b>			

**Notes & Comments:**

**QUESTIONS:** Complete the questions as indicated for all members of the household. Do NOT leave anything blank; if none, write None.

## STATEMENT OF INCOME & ASSETS CONTINUED

<b>Bank Accounts / Assets</b>  <i>If none, write none</i>	Family Member:	Bank Name:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD's <input type="checkbox"/> Safety Dep. Box <input type="checkbox"/> Other: _____	
		Address:		
		City State Zip:		
	Family Member:	Bank Name:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD's <input type="checkbox"/> Safety Dep. Box <input type="checkbox"/> Other: _____	
		Address:		
		City State Zip:		
Family Member:	Bank Name:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD's <input type="checkbox"/> Safety Dep. Box <input type="checkbox"/> Other: _____		
		Address:		
		City State Zip:		
<b>Assets</b> (Trusts, stocks, bonds, treasury bills, IRA(s), Keogh accounts, 401K Plans, retirement & pension funds, equity in real estate or other capital investments, life insurance, etc.)  <i>If none, write none</i>	Family Member:	Company Name:	Amount: \$	
		Address:		
		City State Zip:		
	Family Member:	Company Name:	Amount: \$	
		Address:		
		City State Zip:		
	Family Member:	Company Name:	Amount: \$	
		Address:		
		City State Zip:		
<b>List all automobiles that will be at your residence &amp; their license plates numbers.</b>  <i>If None, write None.</i>  <b>I.E.: '08 Chevy Cavalier / 123-ABC / WISC</b>		Description:	License Plate #:	State:
		Description:	License Plate #:	State:
		Description:	License Plate #:	State:



**QUESTIONS CONTINUED:** Complete the questions as indicated for all members of the household. Do NOT leave anything blank; if none, write None.

<p>List all personal property worth over \$1,000 (e.g. vehicle, motorcycle, boat, stereo equipment, etc.).</p> <p><i>If None, write None.</i></p> <p><b>I.E.: vehicle, home stereo, jewelry, etc.</b></p>	
<p>Do you own real estate?</p>	<p><b>If yes, answer the following:</b></p> <p>Description of Property:</p> <p>Location:</p> <p>Market Value:</p> <p>Amounts Owed:</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Have you or any household member ever lived in housing associated with state or federal government assistance or in housing where your rent was based on your income?</p>	<p><b>If yes, explain from where (Agency name, city, &amp; state):</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?</p>	<p><b>If yes, explain:</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Does any other Housing Authority claim that you or any household members owe money for rent, damages, or any other reason?</p>	<p><b>If yes, explain:</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

**QUESTIONS CONTINUED:** Complete the questions as indicated for all members of the household. Do NOT leave anything blank; if none, write None.

Have you or any household member <u>ever been arrested or charged for violating any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality (other than minor traffic offenses)?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you or any household member ever been <u>convicted (found guilty or pled guilty)</u> for violating any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality (other than minor traffic offenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
You may attach additional information (CCAP report, police print outs, written statement, etc.)  Have you attached any additional information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or any other adult household members lived in any other state other than Wisconsin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete below: Name(s)      State      Dates

Notes & Comments:

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**REQUIRED: Circle the number that most accurately describes the head of your household.**

The Housing Authority of the City of Eau Claire provides equal housing opportunity regardless of sex, race, color, handicap, religion, national origin, sex, or marital status of the person maintaining a household, lawful source of income, age, or ancestry. We are required to document the minority status of each applicant on our waiting list.

- |                                      |  |
|--------------------------------------|--|
| 1. White                             | 4. Native Hawaiian or Pacific Islander |
| 2. American Indian or Alaskan Native | 5. African American / Black            |
| 3. Asian                             | 6. Other / Multi-Racial                |

**Please Check One (*Not Required*):** Is head of household Hispanic \_\_\_\_\_ or Non-Hispanic \_\_\_\_\_?

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**THIS SECTION ONLY FOR HANDICAPPED OR DISABLED PERSONS**

**A disabled person** is one who has an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted, or which can be expected to last for a continuous period of not less than twelve months.

**A handicapped person** is one which has a physical impairment which is expected to be of long-continued and indefinite duration, substantially impedes his ability to live independently, and is of such nature that such ability could be improved by more suitable housing conditions.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Do you declare head of household or spouse handicapped or disabled for purposes of determining eligibility for housing assistance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Do you or any family member require:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	a) a unit designed specifically for mobility impaired (i.e. wheelchair, walker)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	b) a unit modified for hearing impaired?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	c) a unit modified for visually impaired?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	d) a unit modified for any other impairment?
If yes, explain modifications needed (a medical diagnosis is not needed):		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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## **APPLICANT CERTIFICATION**

### **All Adults Must Sign and Date Below.**

All applicants are expected to meet performance-based standards, based on a prospective assessment of lease compliance for admission to a dwelling unit.

I understand that Title 18, Section 1001 of the United States Code, and 1987 Act 173 of the State of Wisconsin, provide that knowingly and willingly making false statements to receive benefits not otherwise entitled to is a criminal offense. Allegations, complaints, or other observations that indicate a tenant/applicant is receiving excessive benefits will be investigated. If verified, the owner/management agent will fully enforce the terms of the lease/policy to terminate/deny assistance and/or seek recovery of overpaid amounts. I further understand that failure to provide information on tenant's/applicant's household composition, or income, or providing false information is grounds for denial/termination of assistance by the Housing Authority of the City of Eau Claire.

---

Signature, Head of Household

Date

---

Signature, Other Adult

Date

---

Signature, Other Adult

Date

---

Signature, Other Adult

Date

**NOTE:** Any changes to the information provided in this application including, but not limited to, mailing address, family composition, income, preference status, etc., must be reported in writing (signature is required) to the Housing Authority of the City of Eau Claire (HACEC). Failure to maintain current information with the HACEC or failure to respond to HACEC requests for information or update of application status will result in removal of the applicant's name from the HACEC's waiting list(s).



(715) 839-4943  
Including Voice TDD  
Fax: (715) 839-4939

## AUTHORITY

## RELEASE OF INFORMATION

**This release of information is required in order to process your application or continued eligibility for the below mentioned programs operated by the Housing Authority of the City of Eau Claire. This release is valid for 15 months.**

### Purpose:

The Housing Authority of the City of Eau Claire will use this authorization and the information obtained with it to administer and enforce program rules and policies.

### Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under the following programs:

- \* Public Housing
- \* Transitional Housing
- \* HOME TBRA
- \* Affordable Housing
- \* Park Tower Apartments/Townhouses
- \* Home Ownership
- \* Sub Rehab
- \* ORMA

I authorize the Housing Authority of the City of Eau Claire to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

### Information Covered/Inquiries May Be Made About:

- Child care expenses
- Credit history
- Criminal activity
- Family composition
- Employment, income, pensions, and assets
- Federal, state, tribal, or local benefits
- Handicapped assistance expenses
- Identity and marital status
- Medical expenses
- Social security numbers
- Residences and rental history

### I understand the following as it relates to the release of information:

- It is my right to revoke this authorization in writing
- I understand the potential for the information disclosed to the authorization to be subject to redisclosure by the recipient and no longer protected by the privacy regulations
- I understand that I have a right to refuse to sign the authorization
- I understand that I have a right to a copy of this authorization
- I understand that a copy of this authorization is as good as the original

### Individuals or Organizations That May Share Information:

Any individual or organization, including any governmental organization, may be asked to release information. For example, information may be requested from:

- Banks and other financial institutions
- Courts
- Law enforcement agencies
- Credit bureaus
- Employers, past and present
- Landlords
- Providers of
  - Alimony
  - Child care
  - Child support
  - Credit
  - Handicapped assistance
  - Medical care
  - Pensions/annuities
- Schools and colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Other: \_\_\_\_\_

### Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above.

\_\_\_\_\_  
Signature, Printed Name of Head of Household & Date

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of Household & Date



203 SOUTH FARWELL STREET

EAU CLAIRE, WI 54701





**AUTHORITY**

(715) 839-4943  
Including Voice TDD  
Fax: (715) 839-4939

## UTILITY VERIFICATION FORM

*Applicant: Complete the TOP portion ONLY.*

I / We authorize the release of information requested on this form.

_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Utilities Provided: \_\_\_\_\_ Electricity \_\_\_\_\_ Gas

Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

- Average amount of monthly bill? \$ \_\_\_\_\_
- Does (did) applicant pay on time? ☐ Yes ☐ No
- Has (had) he/she ever paid late? ☐ Yes ☐ No
  - How late? \_\_\_\_\_
  - How often? \_\_\_\_\_
- Have (had) you ever begun/completed disconnection for non-payment? ☐ Yes ☐ No
- At what other addresses has this applicant had utility service?  
\_\_\_\_\_  
\_\_\_\_\_
- Has any equipment belonging to the utility company been damaged at this unit? ☐ Yes ☐ No
- Can this applicant get utility service turned on in his/her name in the future? ☐ Yes ☐ No

Signature of Xcel Energy Representative

Date

Telephone Number





(715) 839-4943  
Including Voice TDD  
Fax: (715) 839-4939

## AUTHORITY

## LANDLORD REFERENCE

**Instructions: Complete top of form only and sign. Do NOT give this form to any landlord. We are required to mail it out.**

LL Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
LL Address: \_\_\_\_\_ Rental Address: \_\_\_\_\_  
LL City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

To Whom It May Concern:

The above named individual has made application for housing at the City of Eau Claire Housing Authority and has listed you as a previous landlord. In order for us to determine their eligibility, we ask that you take a few minutes and answer the questions below regarding their previous rental history.

Your prompt return of the information in the enclosed addressed envelope will be appreciated.

Sincerely,

Rental Technician

I hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To be completed by landlord: (Landlord: do NOT complete this form if it was given to you by the applicant)**

1. Term tenant occupied unit: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Does tenant/former tenant owe any unpaid rent at this time? ☐ Yes ☐ No  
If yes, how much does he/she owe? \$ \_\_\_\_\_
3. Is/Was there a housekeeping problem? ☐ Yes ☐ No
4. Has/Did the tenant cause any damage to the apartment? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_
- Amount of Charges: \$ \_\_\_\_\_ Has/Did tenant pay for Damages? ☐ Yes ☐ No
5. Is there a history of problems with neighbors? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number







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## AUTHORITY

## LANDLORD REFERENCE

**Instructions: Complete top of form only and sign. Do NOT give this form to any landlord. We are required to mail it out.**

LL Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
LL Address: \_\_\_\_\_ Rental Address: \_\_\_\_\_  
LL City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

To Whom It May Concern:

The above named individual has made application for housing at the City of Eau Claire Housing Authority and has listed you as a previous landlord. In order for us to determine their eligibility, we ask that you take a few minutes and answer the questions below regarding their previous rental history.

Your prompt return of the information in the enclosed addressed envelope will be appreciated.

Sincerely,

Rental Technician

I hereby authorize the release of the requested information.

Signature of Applicant

Date

**To be completed by landlord: (Landlord: do NOT complete this form if it was given to you by the applicant)**

1. Term tenant occupied unit: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Does tenant/former tenant owe any unpaid rent at this time? ☐ Yes ☐ No  
If yes, how much does he/she owe? \$ \_\_\_\_\_
3. Is/Was there a housekeeping problem? ☐ Yes ☐ No
4. Has/Did the tenant cause any damage to the apartment? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_
- Amount of Charges: \$ \_\_\_\_\_ Has/Did tenant pay for Damages? ☐ Yes ☐ No
5. Is there a history of problems with neighbors? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

Signature

Date

Phone Number







(715) 839-4943  
Including Voice TDD  
Fax: (715) 839-4939

## AUTHORITY

## LANDLORD REFERENCE

**Instructions: Complete top of form only and sign. Do NOT give this form to any landlord. We are required to mail it out.**

LL Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
LL Address: \_\_\_\_\_ Rental Address: \_\_\_\_\_  
LL City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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Signature of Applicant

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Please explain: \_\_\_\_\_
- Amount of Charges: \$ \_\_\_\_\_ Has/Did tenant pay for Damages? ☐ Yes ☐ No
5. Is there a history of problems with neighbors? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

Signature

Date

Phone Number



# PREFERENCE CERTIFICATION

## For Office Use Only

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of App: \_\_\_\_\_

Preference:      ID      SS      None

In order to determine your preference status, we are required by federal regulations to verify claimed preferences. This information will be used only for the purpose of determining the preference claimed by you. **Therefore, please indicate in the appropriate section, by marking the applicable boxes, if you wish to declare a local preference. All preferences must be properly certified (verification from a social agency, social worker, homeless shelter, recent police report(s), etc.) prior to admission. Please check "No Applicable Preference" if none of the declared preferences apply to you. If the information is not complete, no preference will be awarded.**

All adults must complete and sign the acknowledgement section on the back of this form.

### ☐ NO APPLICABLE PREFERENCE

### ☐ INVOLUNTARY DISPLACEMENT (Declared Preference)

An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his or her unit as a result of one or more of the following actions:

- ☐ A disaster, such as fire or flood that resulted in extensive damage or has destroyed the unit.
- ☐ An activity carried on by an agency of the United States or by any state or local government in connection with code enforcement or a public improvement or development program.
- ☐ Actual or threatened physical violence directed against applicant or one member of the applicant's family by a spouse or to her renter of the household (or the applicant lives in a housing unit with such an individual who engages in such violence).
- ☐ The applicant family member(s) provide information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- ☐ One or more members of the applicant's family have been the victim of one or more hate crimes and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.  
Hate crime means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is a continuing nature.
- ☐ A member of the family has mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

*(Continued on back)*

## ☐ SUBSTANDARD HOUSING

The unit you are living in is substandard if it:

- ☐ is dilapidated\*
- ☐ does not have operable indoor plumbing
- ☐ does not have a usable flush toilet inside the unit for the exclusive use of the family
- ☐ does not have electricity or has unsafe or inadequate electrical service
- ☐ does not have a safe or adequate source of heat
- ☐ should, but does not have a kitchen
- ☐ has been declared unfit for habitation by an agency or unit of government

\* A housing unit is dilapidated if it does not provide safe and adequate shelter, and in its present condition endangers the health, safety, and well-being of a family, or it has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair or from serious damage to the structure.

In addition, a "homeless family" is living in substandard housing because he or she lacks a fixed, regular and adequate nighttime residence.

- ☐ lacks a fixed, regular and adequate night-time residence

## Certification and Applicant Acknowledgement

I/we declare I/we claim no preference, have been or will be involuntarily displaced or that I/we am/are living in substandard housing based on the information checked above.

I understand that if any information is incomplete, the Housing Authority will notify me and no preference will be awarded. I certify that the above information is true and correct, to the best of my knowledge.

**NOTE: Any changes regarding applicant's address, employment, family composition, or preference status must be made in writing by the Housing Authority of the City of Eau Claire. Failure to maintain current information with the Authority or failure to respond to Housing Authority requests for information or update of application status will result in removal of the applicant's name from the Authority's waiting list.**

Print all Applicant's Name(s)

Mailing / Street Address	City	State	Zip Code
--------------------------	------	-------	----------

Applicant's Signature	Date
-----------------------	------

Applicant's Signature	Date
-----------------------	------

Applicant's Signature	Date
-----------------------	------

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation of any department or agency of the U.S. as to any matter within its jurisdiction.

## **APPLICANT / TENANT CERTIFICATION**

I/We certify that the information\* given to the Eau Claire Housing Authority on household composition, net income, family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under state and/or federal law. I/We also understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590. (Within the Washington D.C. Metropolitan Area, Call 426-3500.)

\* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement below or more information about its use.

## **FEDERAL PRIVACY ACT STATEMENT**

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate federal, state and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclose or released outside of HUD, except as permitted or required by law.

**PENALTY:** You must provide all of the information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

**I read the Federal Privacy Act Notice on and certify that all information given to the City of Eau Claire Housing Authority is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Lead-Based Paint

## A Threat to Your CHILDREN



**Instructions: ALL adults must sign and date acknowledgement on the back.**

*The building you live in, or about to move into, was built before 1978. About three out of four pre-1978 buildings have some old lead-based paint that could poison your child!*

## An Important Message for People Living in Housing Built Before 1978

### What is Lead Poisoning?

Lead poisoning means having too much lead in the body.

#### Lead can:

- Cause major health problems, mostly in children under 6 years old.
- Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- Affect learning.
- Cause behavior problems, blindness, and even death.
- Causes problems in pregnancy and affect a baby's normal growth.

### Who Gets Lead Poisoning?

**Anyone can get it.** Children under 6 are at the greatest risk. Their bodies are not fully grown and are easily harmed. The risk is worse if the child:

- Lives in an older home (built before 1960).
- Does not eat regular meals. (An empty stomach accepts lead more easily.)
- Does not eat enough foods with iron or calcium.
- Has parents who work in lead-related jobs.
- Has played in the same places as brothers, sisters, and friends who have been lead poisoned. (Lead poisoning *cannot* be spread from person to person. It comes from contact with lead.)

Women of childbearing age are also at risk. Lead poisoning can cause miscarriages and premature births. The poison can be passed on to unborn babies.

### Where does It Come From?

#### Lead Comes From:

- Lead dust from moving parts of windows and doors that are painted with lead-based paint.
- Lead-based paint on wood trim, walls, cabinets in kitchens and bathrooms, porches, stairs, railings, fire escapes, and lampposts.
- Soil contaminated from lead-based paint and leaded gasoline.
- Drinking water where old lead pipes or lead solder was used.
- Work clothes, skin, and hair of parents who work with lead products.
- Colored printing and car batteries.
- Highly glazed pottery and cookware from other countries.
- Removing old paint when refinishing furniture.

Lead dust and paint chips containing lead are produced when lead-based paint is scraped, rubbed, hit, or exposed to the weather, or when moisture causes the paint to peel. The dust and chips get on children's hands, toys, and pacifiers.

When children put their fingers, toys, or pacifiers in their mouths, lead gets in their bodies. Sometimes they will also chew on an easy to reach lead-based paint surface, like a window sill.

In recent years, some uses of lead have been cut back or ended. This is true for lead in gasoline, lead in solder used on water pipes, and lead in paint. But a lot of lead remains in and around older homes, and lead-based paint is the major source of lead poisoning.

## How Do I Know My Child Is Affected?

### Is Your Child:

- cranky?
- vomiting?
- tired?
- unwilling to eat or play?
- complaining about stomach aches or headaches?
- unable to concentrate?
- jumpy?
- playing in the same area where other children who have these symptoms play?

These *can* be signs of lead poisoning, but your child might not show these signs and still be poisoned. Only your clinic or doctor can tell by testing to be sure.

## What Can I Do About It?

Take your child to the doctor or a clinic for a blood-lead test. A blood-lead test should be done first when children are between six and twelve months old. The test may be available through a blood-lead screening program operated by the health department in your community. Be sure to get an official written statement of your child's blood-lead level. Based on the test, a doctor or clinic will tell you if your child has too much lead in the blood, whether any treatment is needed, and how often you should have your child tested. A small amount of lead in the blood may not make your child seem very sick, but it can affect how well he or she can learn.

## What Do I Do Next?

- If your child has an unsafe amount of lead in the blood, you should immediately show the results of the blood test to your landlord or other responsible person. Depending on the blood-lead level, it may be necessary to have your home tested for lead-based paint hazards.
  - ☛ If you rent your home, show the blood-lead test results to your management office, landlord, or housing authority, whichever fits your case.
  - ☛ If you own or are buying your home and are applying for rehabilitation, homebuyer, or other housing assistance, you should show the blood-lead test results to your community development office or other responsible agency.
- Check your own home for peeling paint.

If your home has defective paint – that is chipping, peeling, scaling, flaking or loose paint – and you have a child under six years old, you should report the condition to the same people: the landlord, the management office, the housing authority, or

the community development office – whichever fits your case. **Report it even if your child does not have a high amount of lead in the blood.** If the defective paint has lead in it, the paint is very hazardous to young children.

## What Do I Do If My Home Does Have Lead?

***Do not try to get rid of lead-based paint yourself. You could make things worse for you and your family.***

If you rent your home and you or your landlord are receiving rental assistance, and if your child has a high amount of lead in the blood and your home contains lead-based paint, then your landlord, management office, housing authority, or community development office is required to get rid of the hazard safely in accordance with HUD requirements, or move you and your family to a unit not contaminated with lead.

***There are things you can do now to protect your children. You should do them whether your child has an unsafe amount of lead in the blood or not.***

Keep your children away from paint chips and dust.

Wet-mop floors and wipe down surfaces often, especially where the floors and walls meet. Be sure to clean the space where the window sash rests on the sill. **Lead-based paint chips or dust *SHOULD NOT* be broom-swept or vacuumed with an ordinary vacuum cleaner or vacuum sweeper. Lead dusts is so fine it will pass through a vacuum cleaner bag and spread into the air you breathe.**

Make sure your children wash their hands often and always before eating.

Wash toys, teething rings, and pacifiers often.

Help keep your home in good shape. Water leaks from pipes, roofs, or outside cracks will let in dampness that causes paint to peel. These problems should be fixed right away.

## Where Can I Get More Information?

For more information, call your local health department, or call the National Lead Information Clearinghouse toll-free at 1-800-424-5323.

### I have read this notice.

Signature

Date

Signature

Date

Signature

Date



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

**\*\* You must complete the first 3 boxes.**

**ALL adults must sign this form.**

☐ Check this box if you choose not to provide the contact information.

<b>** Applicant Name:</b>			
<b>** Mailing Address:</b> City / State / Zip:			
<b>** Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b> City / State / Zip:			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**PLACES OF RESIDENCE CONTINUED for Applicant:** \_\_\_\_\_

**(Print Name)**

**List all places lived in the last three (3) years (with NO gaps), starting with your current address and/or most recent address first. You must indicate for whom the address applies (which adult(s) in the household).** *For 3 years: take the current year and subtract 3 and use the current month (i.e. today is 06/01/15, the last three years would be from 06/12 to present.)* If you are or have been homeless, write in "homeless" and provide the City and State. If all adults in the household have not lived at all the addresses listed, these addresses must also be provided. (If places lived exceeds spaces provided, you may continue on the back of this page providing all required information or attach an additional signed sheet with the required information.)

Household Members	Dates (Month / Year)		COMPLETE ADDRESS: Street Address & Apt. # City, State & Zip Code		Landlord's Name / Property Owner's Name, OR Family / Friend Name if not on lease	Relationship to Self: Landlord / Owner / Agent (Circle One)
	To:	From:	Street Address & Apt. #	City State Zip		
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			
Name(s):	To:		Street Address & Apt. #			Family Landlord Friend Ex Self Shelter Jail Med. Fac
	From:		City State Zip			

Signature of Head of Household \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_